



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF COMMUNITY HEALTH
WIC AND NUTRITION SERVICES

LOCAL WIC PROVIDER SUPPLY REQUEST

AGENCY NAME		AGENCY Clinic NO.	DATE	CONTROL NO. (WAREHOUSE USE ONLY)		

WIC Forms and Resource Materials	Item Number	Qty Ordered	Unit	Charts/Dietary Assessment Forms	Item Number	Qty Ordered	Unit
WIC Certification — Woman	WIC-1		50/PAD	Growth Chart B-36 Months (Girls)	NPE-7		50/PAD
WIC Certification —Infant/Child	WIC-2		50/PAD	Growth Chart B-36 Months (Boys)	NPE-8		50/PAD
Proof of Eligibility (English)	WIC-30		50/PAD	Growth Chart 2-5 Years (Girls)	WIC-3		50/PAD
Proof of Eligibility (Spanish)	WIC-30S		50/PAD	Growth Chart 2-5 Years (Boys)	WIC-4		50/PAD
Nutrition Education Report	WIC-49		50/PAD	Prenatal Weight Gain Chart	NPE-11		50/PAD
High Risk Care Nutrition Plan-Prenatal	WIC-53		50/PAD	Nutrition Assessment-Infants	NPE-19		50/PAD
High Risk Nutrition Care Plan Infants/Children	WIC-54		50/PAD	Women's FFQ (English)	NPE-3		50/PKT
Partial Infant Formula Redemption	WIC-21		Each	Women's FFQ (Spanish)	NPE-4		50/PKT
Documentation for Medical Needs Formula Issuance	WIC-29		50/PAD	Children's FFQ (English)	NPE-5		50/PKT
Participant ID Folder (English)	WIC-17		Each	Children's FFQ (Spanish)	NPE-6		50/PKT
Participant ID Folder (Spanish)	WIC-17S		Each	Diet Intake-Females (11+ Years)	NPE-16		50/PAD
WIC Approved Food List English	WIC-640		50/PAD	Diet Intake-Infants	NPE-17		50/PAD
WIC Approved Food List Spanish	WIC-641		50/PAD	Diet Intake-Children (1-6 Years)	NPE-18		50/PAD
Reminder/Appointment Postcard	WIC-39		Each				
Medical Referral Form	WIC 61		Each				
Motor Voter Form	MVR-WIC-1		Each				

Please fax or e-mail this form to:
Missouri Department of Health and Senior Services Warehouse
E-mail: cartep@dhss.mo.gov
Fax: 573-751-1574

(If you have questions, please contact Takako Tagami at 1-800-392-8209 or e-mail tagamt@dhss.mo.gov.

REQUESTED BY: (PLEASE TYPE OR PRINT)

SHIP TO:

ADDRESS:

